

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Joseph Torczak

Name 1632 Meridian Ave Apt 312

(2) Address (number and street)

Miami Beach, FL 33139

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate Office Sought: City of MB Comm. Group IV

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 08 / 01 / 15 To 08 / 31 / 15 Report Type: MR

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 56.00

Loans \$ _____, _____, 0.00

Total Monetary \$ _____, _____, 56.00

In-Kind \$ _____, _____, 0.00

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 56.00

Transfers to Office Account \$ _____, _____, 0.00

Total Monetary \$ _____, _____, 56.00

(8) Other Distributions

\$ _____, _____, 0.00

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 566.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 456.00

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name)

Joseph Torczak

☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X
Signature

Joseph Torczak

(Type name)

Joseph Torczak

☒ Candidate ☐ Chairperson (only for PC and PTY)

X
Signature

Joseph Torczak

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Antonio J Diaz (2) I.D. Number _____
 (3) Cover Period 08, 01, 15 through 08, 31, 15 (4) Page 1 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
08, 15, 15	David Kelley 327 Jefferson Ave #4 MB, FL 33139	I	Entrep	CAS			\$20
1							
08, 15, 15	Mark Wade Homeless	I	## Entrep	CAS			\$5
2							
08, 15, 15	Gene Rubio Homeless	I	Entrep	CAS			\$10
3							
08, 15, 15	Al Basha 1533 Washington Ave MB, FL 33139	C	Restaurant	CAS			\$21
4							
1							
1							
1							

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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Antonio J. Di... (2) I.D. Number _____
 (3) Cover Period 08, 01, 15 through 08, 31, 15 (4) Page 2 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
08/15/15	Lead PR	Management	CHE		\$56
1	3245 NW 36th St Miami, FL 33166				
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